

FILED DEC 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 42980

#106090

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10620	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission). a. STATE Missouri			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. LENGTH OF STAY (In this place) 15 WKS		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		b. COUNTY 22 nd	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 26 1804 W. 18th Street			
3. NAME OF DECEASED (Type or Print)		a. (First) ROSE		b. (Middle) WASHBURN		c. (Last)	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 6-4-1886	
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) Fertile, Missouri	
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME Lucian Culbreth		13b. FATHER'S MAIDEN NAME Jennie Boyer		14. NAME OF HUSBAND OR WIFE Harry B.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Harry B. Washburn		ADDRESS 3353 rd Clare	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SARCOMA OF NASAL ACCESSORY SINUS				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) METASTATIC TO ABDOMEN DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION NOT OPERATED		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 160X			
22. I hereby certify that I attended the deceased from 9/26/50, 19, to 12/9/50, 19, that I last saw the deceased alive on 12/9/50, 19, and that death occurred at 1:25pm m., from the causes and on the date stated above.							
23a. SIGNATURE Jennie C. Gladden M.D. (Degree or title)				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 12/11/50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12-12-50		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) Desoto, Missouri	
DATE REC'D BY LOCAL REG. DEC 12 1950		REGISTRAR'S SIGNATURE J B Lusater		FEDERAL DIRECTOR'S SIGNATURE McLaughlin		ADDRESS 2301 Lafayette Ave	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10/1/11

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

L R Cooper

Signed.....
Student Embalmer

Licensed Embalmer No. *3633*

P. O. Address *2301 Lafayette*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.